

## RAI/MDS BQA Assistance Provided Evaluation Questionnaire

Your comments are important to us. Please take time to complete this evaluation, and by June 3, 2000, fax to (608) 267-7119 or mail to the following address:

Bureau of Quality Assurance  
1 West Wilson Street  
P.O. Box 2969  
Madison WI 53701-2969

On the line below, identify the discipline of all staff that assisted in completing this evaluation:

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Please use the following scale to rate each evaluation area listed below:

Scale: 4=Excellent 3=Good 2=Fair 1=Should be Improved (Provide comments)

Evaluation Area	Rating
<b>Timely response to question(s) after initial contact</b> Comments:	
<b>Information requested was received/question(s) answered</b> Comments:	
<b>Staff courteous and professional</b> Comments:	
<b>State MDS Website provides pertinent information</b> Comments:	

How can performance be improved? (Be specific.)

Additional comments:

**MDS ETN Evaluation Questionnaire**  
**Only complete if attended the MDS ETN on May 24, 2000**

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**Identify the discipline of staff completing evaluation** (complete one evaluation per person):

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**Please rate the MDS ETN using the following scale:**

**Scale: 4=Excellent 3=Good 2=Fair 1=Should be Improved (Provide comments)**

<b>Program Topic</b>	<b>Content Usefulness</b>	<b>Organization of Materials</b>	<b>Presentation</b>
<b>Submission/Record Locking Requirements</b> Comments:			
<b>New Correction Policy Process</b> Comments:			
<b>Enhanced Edits and Rejections</b> Comments:			
<b>Updated Provider System Requirements</b> Comments:			
<b>Question and Answer Panel</b> Comments:			

**Overall - was the program information understandable and useful?**

Very much \_\_\_\_ Mostly \_\_\_\_ Somewhat \_\_\_\_ Slightly \_\_\_\_ No \_\_\_\_

**What aspect of the training could be improved?**

**What additional training would you like to see the Bureau of Quality Assurance sponsor? (Be specific.)**